

REQUEST FOR ARMED FORCES PARTICIPATION IN PUBLIC EVENTS (NON-AVIATION)

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Military Affairs, State of Colorado, Attn: Public Affairs Office (PAO), 6848 South Revere Parkway, Englewood, Colorado 80112-6709.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS ON PAGE 4.

PURPOSE: This form is used to request all Armed Forces **MUSICAL UNIT, TROOP, COLOR/HONOR GUARD**, and/or **EXHIBIT/EQUIPMENT** participation in public events. The information is required to evaluate the event for appropriateness and compliance with DoD policies and for coordination with the units involved. Please complete all sections.

SECTION I - EVENT DATA

1. SPECIFIC REQUIREMENT <i>(i.e., Band, Marching Unit, Color Guard, Tank, etc.)</i>		2. DATE OF EVENT <i>(YYYYMMDD)</i>	3. TIME OF EVENT a. FROM: b. TO:
4. TITLE OF EVENT		5. EXPECTED ATTENDANCE	
6. SITE OF EVENT <i>(i.e., Park, Auditorium, etc.) (NOTE: This site must be accessible to and usable by persons with disabilities.)</i>		7. ADDRESS OF EVENT <i>(Street, City, State, ZIP Code)</i>	
8. PROGRAM <i>(Describe program theme and objective, audience size and civic makeup, and the purpose of Armed Forces participation.)</i>		9. HAVE OTHER ARMED FORCES UNITS BEEN REQUESTED TO SUPPORT THIS EVENT? <i>(If so, specify.)</i>	
10. IS THIS EVENT BEING USED TO RAISE FUNDS FOR ANY PURPOSE? <i>(If so, specify.)</i>		11. IS THERE ANY CHARGE? <i>(i.e., admission, parking, etc. If so, specify.)</i>	
12. WILL ADMISSION, SEATING, AND ALL OTHER ACCOMMODATIONS AND FACILITIES CONNECTED WITH THIS EVENT BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, CREED, COLOR, SEX OR NATIONAL ORIGIN? <i>(X appropriate box)</i>			YES NO

SECTION II - SPONSORING ORGANIZATION DATA

13. NAME OF SPONSORING ORGANIZATION			
<i>(X appropriate box for each item.)</i>			YES NO
14. IS THE SPONSORING ORGANIZATION A CIVIC ORGANIZATION?			
15. DOES THE EVENT HAVE THE OFFICIAL BACKING OF THE LOCAL GOVERNMENT?			
16. DOES THE SPONSORING ORGANIZATION EXCLUDE ANY PERSON FROM ITS MEMBERSHIP OR PRACTICE ANY FORM OF DISCRIMINATION IN ITS FUNCTIONS BASED ON RACE, CREED, COLOR, SEX OR NATIONAL ORIGIN?			
17. SPONSOR'S REPRESENTATIVE			
a. NAME		b. ADDRESS <i>(Street, City, State, ZIP Code)</i>	
c. PRIMARY TELEPHONE NO. <i>(Include area code)</i>	d. SECONDARY TELEPHONE NUMBER	e. FAX NUMBER <i>(Incl. area code)</i> f. E-MAIL ADDRESS	

SECTION III - SPONSORING ORGANIZATION SUPPORT DATA

Event sponsors must agree to fund certain military expenses when the requested military resources are not local to the geographic area of the event. See paragraph 3 of the Instructions on the back of this form. <i>(X appropriate box for each item.)</i>		YES NO
18. Does the sponsor agree to fund the standard Military Services allowance for meals, quarters, and incidental expenses for Armed Forces participants?		
19. Does the sponsor agree to fund transportation, meals, and hotel accommodations for unit representatives to visit the site prior to the event?		
20. Does the sponsor agree to fund transportation costs from home station to the event and return for Armed Forces participants?		
21. Does the sponsor agree to fund transportation costs for Armed Forces participants between the site of the event and the hotel?		
22. Does the sponsor agree to provide telephone facilities for necessary official communications at the site of the event?		

SECTION IV - CERTIFICATION

23. I am acting on behalf of the sponsoring organization and certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from the military services will contact me to discuss arrangements and costs involved prior to final commitments, or to inform me of their inability to support this event. I also understand that operational commitments must take priority and can preclude a scheduled appearance at an approved public activity.

a. SIGNATURE OF SPONSOR'S REPRESENTATIVE	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. PRINT NAME AND TITLE
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INSTRUCTIONS

1. This form is used to request Armed Forces musical unit, personnel, color/honor guard and/or exhibit/equipment participation in public events. The requested information is required to evaluate the event. Please complete all sections.

2. This form should be submitted to addressee #1 unless directed differently (*right hand column*) not less than 75 (seventy-five) days in advance of a scheduled program. Please realize that all Armed Forces units have specific military missions and training requirements. Participation in public programs will only be authorized when such support is in the best interests of the Department of Defense and the Military Services and does not interfere with mission or training programs. In all cases, operational commitments take priority and can cause previously scheduled appearances to be cancelled.

*Events less than 60 days from date request submitted will not be supported.

3. Department of Defense policies require that Armed Forces participation in public events will be provided at no additional cost to the Government. The sponsor is required to pay, when necessary, the standard Military Services allowance for quarters and meals for all Armed Forces participants and for other services which have been determined in advance by the Military Services and agreed to by the sponsor. Transportation and meal costs are not usually incurred when support is provided from a local military installation. However, circumstances may dictate that reimbursement for any or all of these costs may be necessary. All costs are binding after a unit, personnel, or exhibit has arrived at an event site, even though weather conditions or other unforeseen circumstances force the event to be cancelled.

4. Armed Forces musical units are organized for ceremonial and traditional purposes and to support recruiting activities. However, they may be authorized to provide certain specified presentations, such as patriotic ceremonies, for public programs. Armed Forces musical organizations are not permitted to provide entertainment, background, dinner, dance or other social music at public or private events in competition with the customary or regular employment of local civilian musicians. Limited resources permit only one band and/or choir to perform at an event, and the Military Support Officer has the right to cancel support to sponsors who have scheduled more than one such military unit.

5. Additional forms may be obtained on the Internet at <http://www.coloradoguard.com> through the military support office (POMSO).

If you have questions regarding the information on this form, please call the Colorado National Guard Office of Public Affairs (PAO-DMVA) between 7:00 a.m. and 5:00 p.m. Mountain Time, Tuesday through Friday, holidays excepted: Commercial (303) 677-8850; FAX (303) 677-8852.

MAIL COMPLETED REQUEST FORM TO:

DEPT. OF MILITARY AFFAIRS:

State of Colorado
Headquarters, Attn: POMSO
6848 South Revere Parkway
Centennial, Colorado 80112
(303) 677-8860; FAX (303) 677-8899
www.coloradoguard.com
email: cosmo.missions@co.ngb.army.mil

NATIONAL GUARD BUREAU:

National Guard Bureau
ATTN: NGB-PA (ComRel)
1411 Jefferson Davis Highway, Suite 11200
Arlington, VA 22202-3259
(703) 607-2613; FAX (703) 607-3680
www.ngb.dtic.mil

ARMY:

Office of the Chief of Public Affairs
ATTN: Community Relations Team
1500 Army Pentagon
Washington, DC 20310-1500
(703) 697-5081; FAX (703) 697-6159
www.dtic.mil/armylink

AIR FORCE:

Office of the Secretary of the Air Force
Office of Public Affairs (SAF/PA)
1690 Air Force Pentagon
Washington, DC 20330-1690
(703) 697-6061; FAX (703) 614-5749
www.af.mil

SPONSOR: PLEASE RETAIN A COPY OF THIS FORM FOR FUTURE REFERENCE.

24. REMARKS (Use this area to continue any items if necessary. Reference by section and item number.)